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CONFIRMATION NO. 8145

Bib Data Sheet

SERIAL NUMBER 09/384,674	FILING DATE 08/27/1999 RULE	CLASS 709	GROUP ART UNIT 2154	ATTORNEY DOCKET NO. -2000584-0002
APPLICANTS NEIL L. MAYLE, CAMBRIDGE, MA; DAVID L. ROSE, BOSTON, MA;				
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 08/887,616 07/03/1997 PAT 6,018,774 ✓ O.K. <i>JK</i>				
** FOREIGN APPLICATIONS ***** N/A <i>JK</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 09/13/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		STATE OR COUNTRY MA	SHEETS DRAWING 18	TOTAL CLAIMS 9
Examiner's Signature <i>David L. Rose</i> Initials		INDEPENDENT CLAIMS 1		
ADDRESS DOUGLAS D ROBINOW Customer #29/41 CHOATE HALL & STEWART EXCHANGE PLACE 53 STATE STREET BOSTON, MA 02109				
TITLE SYSTEM FOR CREATING MESSAGES INCLUDING IMAGE INFORMATION				
FILING FEE RECEIVED 510	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER 09/384,674	FILING DATE 08/27/99	CLASS 709	GROUP ART UNIT 2756	ATTORNEY DOCKET NO. 2000581-0002
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APPLICANT

NEIL L. MAYLE, CAMBRIDGE, MA; DAVID L. ROSE, BOSTON, MA.

****CONTINUING DOMESTIC DATA*******

VERIFIED

This application is a continuation of s/n 08/887,616 filed on July 3, 1997, now U.S. Patent Number 6,018,774

****371 (NAT'L STAGE) DATA*******

VERIFIED

N/A

****FOREIGN APPLICATIONS*******

VERIFIED

N/A

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/13/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 18	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
Verified and Acknowledged <i>Family</i> Examiner's Initials _____ Initials _____						

ADDRESS

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TITLE

ELECTRONIC IMAGE PROCESSING SYSTEM

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